

NATIONAL BIRTH EQUITY COLLABORATIVE

Joia Crear-Perry, MD



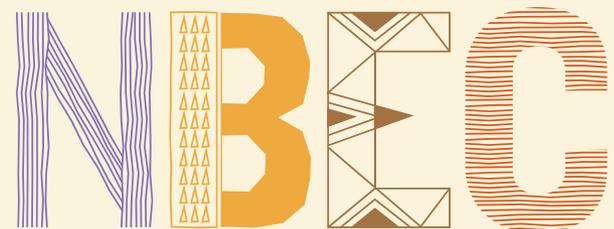
# Strategies for Successful Care of Pregnant and Postpartum Women of Color

All for One Summit 2018

# Disclosure Information

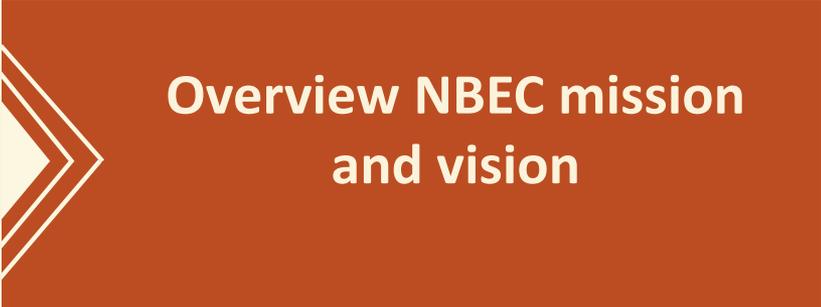
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Dr. Joia Crear-Perry



NATIONAL BIRTH EQUITY COLLABORATIVE

# Objectives



**Overview NBEC mission  
and vision**



**Understand the social  
determinants of health  
inequities**



**Explore racism and other  
social determinants**



**Discuss strategies and policies  
for successful care of WOC**

# Mission

To reduce Black maternal and infant mortality through research, family centered collaboration and advocacy.

# Goal

Reducing black infant mortality rates in cities with the highest numbers of Black infant deaths to at or below the national average in these sites in the next 10 years.



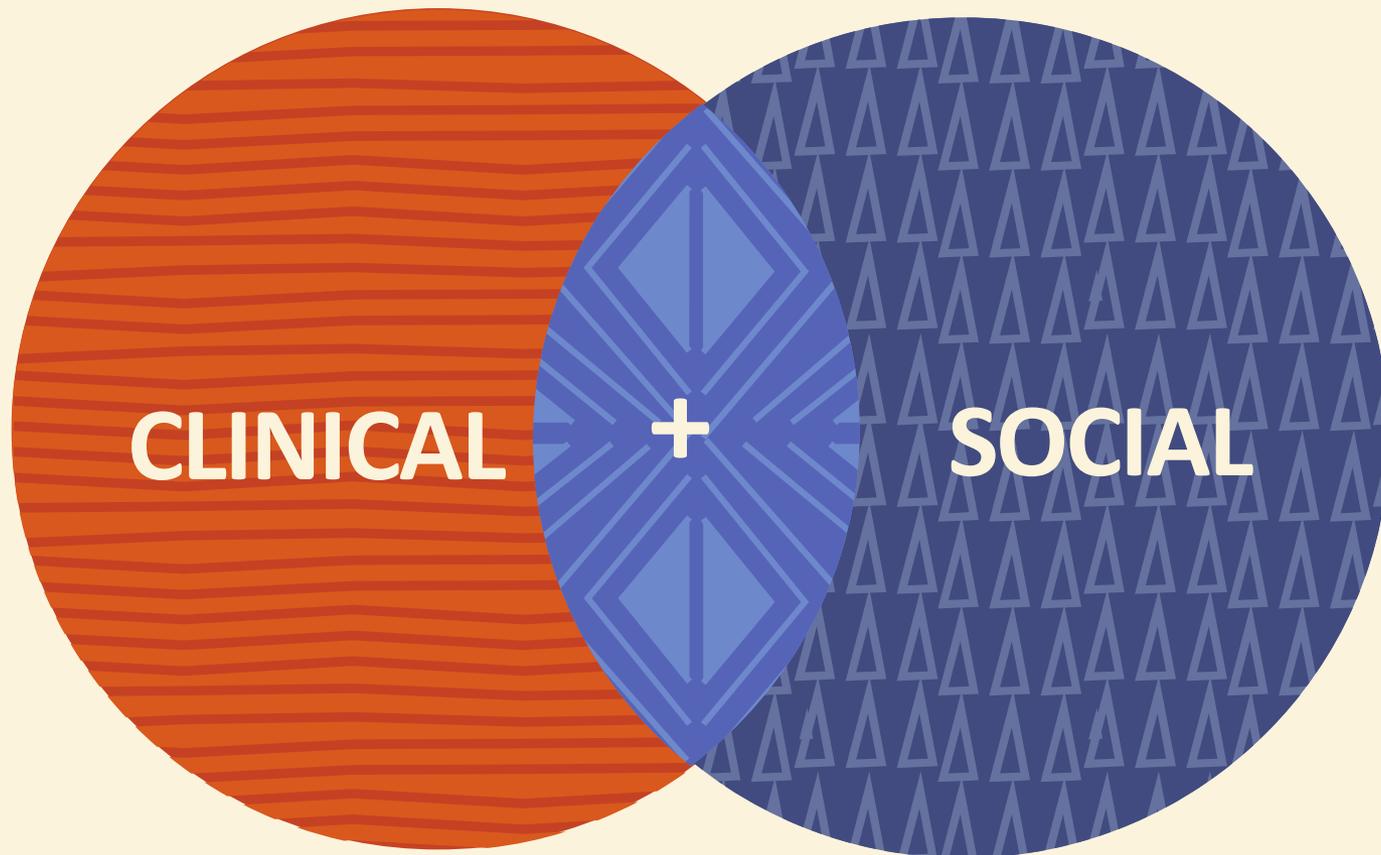
NATIONAL BIRTH EQUITY COLLABORATIVE

*Our vision is that every Black infant will celebrate a healthy first birthday with their families.*

## birth equity (*noun*):

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry, MD  
*National Birth Equity Collaborative*



*“Working in this area of overlap is part of the reason why programs like Healthy Start, Case Management, NFP, and Centering experience much of their success.”*

– Arthur James, M.D.

A blue-tinted photograph showing a healthcare professional in a white coat examining a patient's arm. Another person is looking on. The scene is intimate and focused on the patient's care.

**SOCIAL DETERMINANTS OF  
HEALTH INEQUITIES**

# Health Equity

**Everyone has a fair and just opportunity to be healthier.**

## **Acknowledgements**

- Intersectionality
- Centering marginalized communities
- Structural racism
- Culture and place
- Social determinants of health

# Adopting a Common Framework

## What are “Social Determinants of Health”?

*“The social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels. Examples of resources include employment, housing, education, health care, public safety, and food access.”*

# Opportunity = Social Determinants

## Opportunity indicators include:

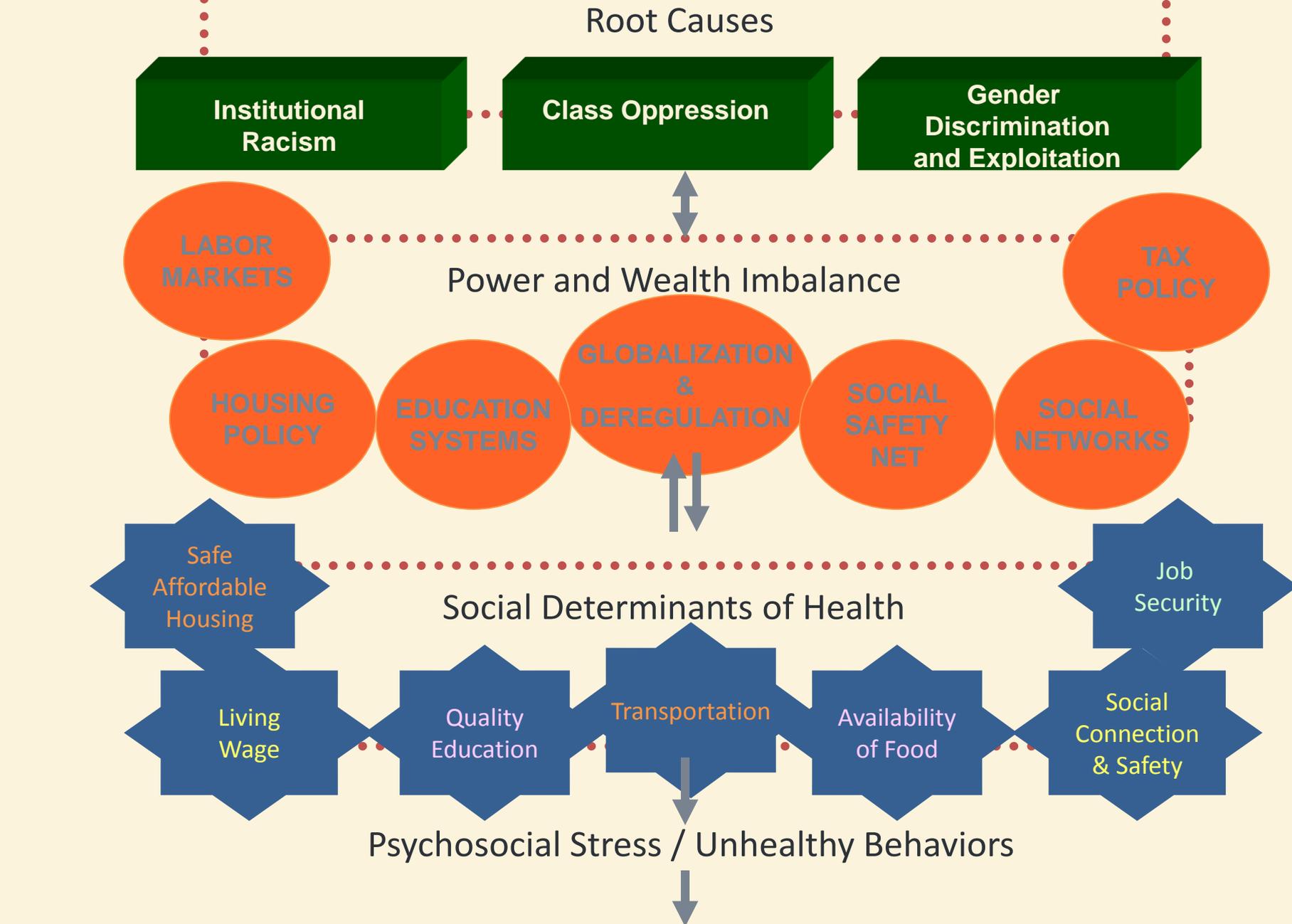
- High-quality education
- Stable housing
- Sustainable employment
- Healthy and safe environment
- Access to healthy food
- Positive social networks
- Political empowerment



# Maternal Mortality

Maternal death due to complications of pregnancy and childbirth.

Clinical Risk Factors	Social Risk Factors
<ul style="list-style-type: none"><li>• Eclampsia</li><li>• Cardiac disease</li><li>• Acute renal failure</li><li>• Preconception BMI</li><li>• Chronic conditions</li><li>• Serious obstetric complications<ul style="list-style-type: none"><li>○ Blood transfusion</li><li>○ Ventilation</li><li>○ Hysterectomy</li><li>○ Heart failure</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>Housing</b></li><li>• <b>Income</b></li><li>• <b>Neighborhood safety</b></li><li>• <b>Air quality and environmental stresses</b></li><li>• <b>Food Insecurity</b></li><li>• <b>Access to quality, comprehensive health care services</b></li><li>• <b>Low educational attainment</b></li><li>• <b>Unemployment and rigid scheduling</b></li><li>• <b>Chronic stressors of racism</b></li></ul>



Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted by MPHI from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice*.

A blue-tinted photograph of a man kissing a baby's forehead while a woman smiles in the background. The man is in the foreground, leaning over the baby. The woman is in the background, looking towards the man and baby. The overall mood is warm and affectionate.

# **RACISM AND RACIAL EQUITY**

## Discrimination and Racism as SDOH

Racism affects health both directly (i.e., via chronic stress) and indirectly.

Race-based discrimination across multiple systems creates differential access to high-quality schools, safe neighborhoods, good jobs, and quality healthcare, in other words, by shaping SDOH.

# Anthropology Demonstrates...

- Race is real, and it matters in society, but not how racists think it does.
- Race is not a genetic cluster nor a population.
- Race is not biology but racism has biological effects
- Social constructs are real for those who hold them

**RACE**

≠

**ETHNIC GROUP**

≠

**POPULATION**

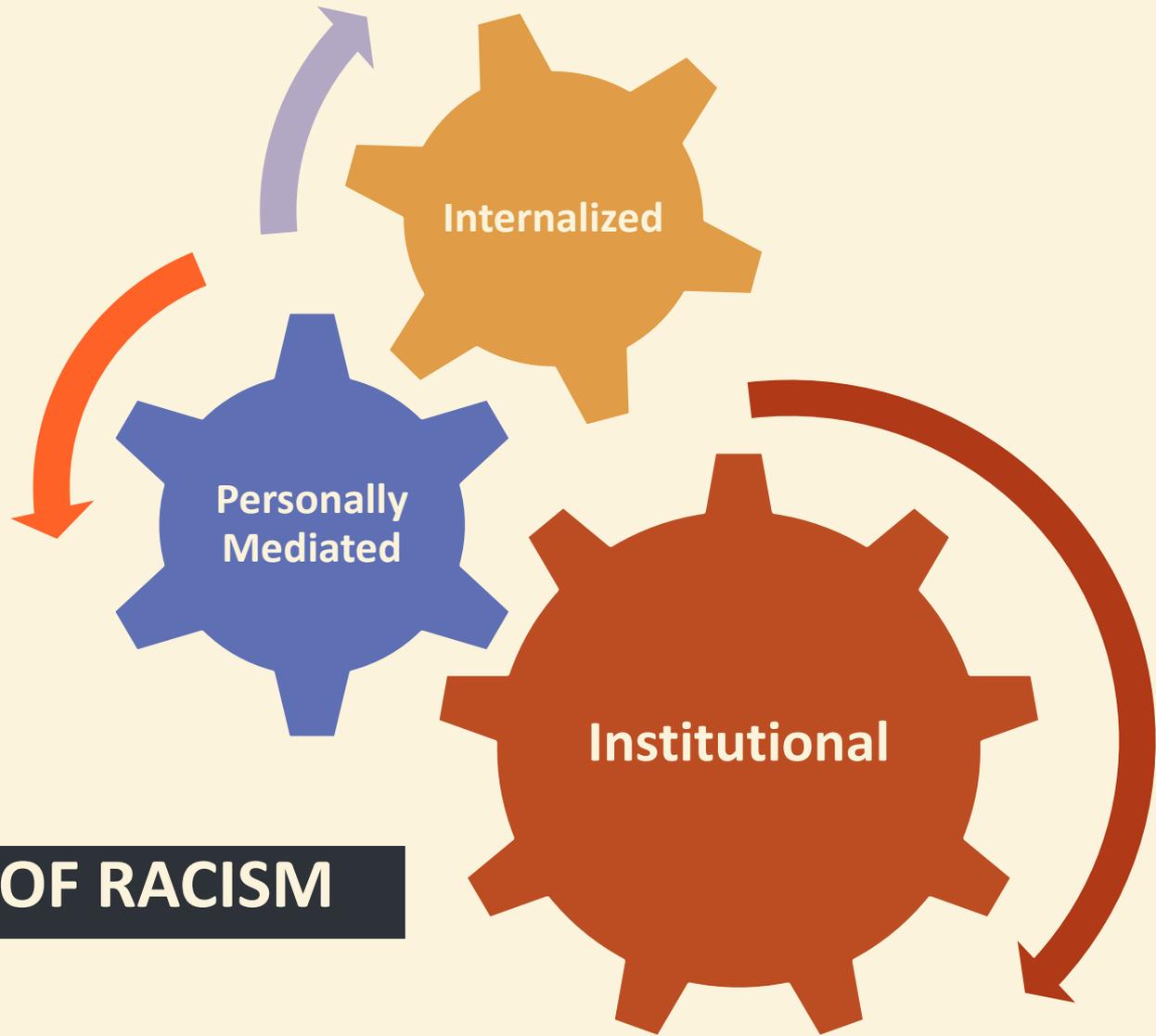
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**ANCESTRY**

# The Story of Race



# The Story of Race



**LEVELS OF RACISM**

- Institutionalized racism- the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.
- Personally mediated - the differential assumptions about the abilities, motives and intentions of others by race.
- Internalized racism - the acceptance and entitlement of negative messages by the stigmatized and non stigmatized groups.
- Camara Jones, MD, PhD, Past President APHA

# Racism Affecting Black Maternal Health

- Black mothers who are college-educated fare worse than women of all other races who never finished high school.
- Obese women of all races do better than black women who are of normal weight.
- Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.
- African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal

# Crack Cocaine v. Opioid Epidemic and Infant Health

Opioid addiction crisis is the most devastating drug epidemic since crack/cocaine

- [Heroin death rates](#), which nearly tripled between 2010 and 2013, have reached a scale of mortality unseen since the peak of the HIV/AIDS epidemic two decades ago.
- [Every 19 minutes](#), a baby is born dependent on opioids.
- Fetal/Neonatal Abstinence Syndrome is when the newborn experiences withdrawal symptoms.
- Declaring war on using mothers risks stigmatizing effective treatments
- Babies exposed to their mother's opioid addiction treatment (methadone or buprenorphine/suboxone) still test positive

# Race-based Response

Racism and unequal valuation drives policy

## White Opioid Narrative

- White women are America's sisters and daughters
- Opioids are an "epidemic of despair" for Middle America
- Considered a disease, not a moral failing
- No conclusions made about prenatal opioid use or future of exposed babies
- Public health response through special funding (\$45 Billion) in fed. health care bill that threatened Medicaid (frontline insurance responder)
- Southern states that led in criminalizing black women are softening punitive policies for addicted mothers

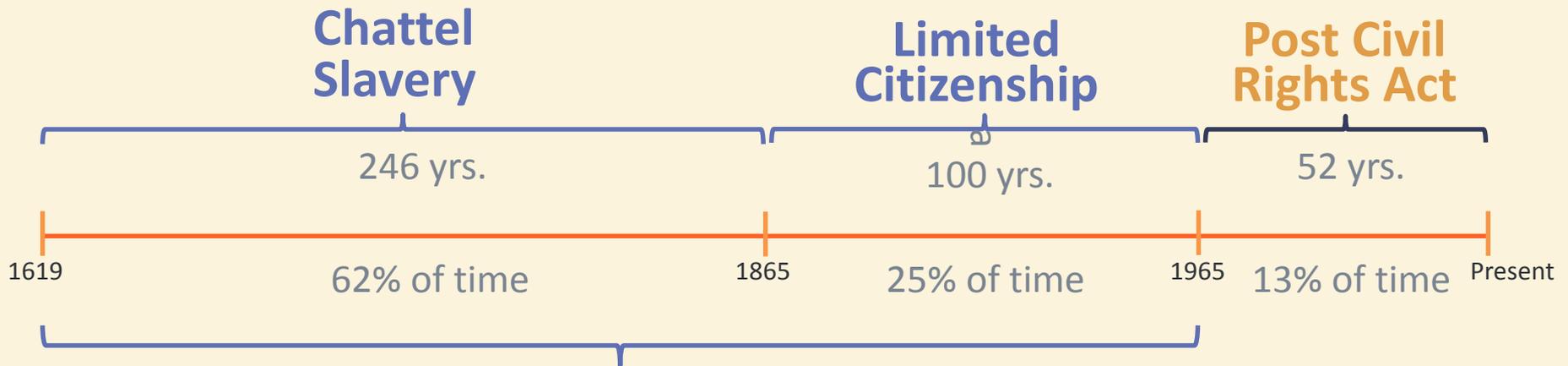
## Black Crack/Cocaine Narrative

- Illicit drug use among white women at the time was equally prevalent
- Connoted careless Black motherhood in inner-city America
- "Crack babies" considered biologically inferior, eventual super-predators, and a longterm burden on fed. Assistance & service programs
- Pregnant drug users were convicted as killers, drug dealers and child abusers
- Mass incarceration of Black mothers through random drug tests, leveraging child removal and incarceration

A photograph of two women sitting at a table in a modern office or meeting space. The woman on the left is wearing glasses and a patterned top, looking towards the woman on the right. The woman on the right is wearing a dark top and is looking down at a tablet device. There are papers, a laptop, and a coffee cup on the table. The background shows a large window with a grid pattern. The entire image has a blue tint.

# SOCIAL DETERMINANTS IN PENNSYLVANIA

# Timeline of African American Experience



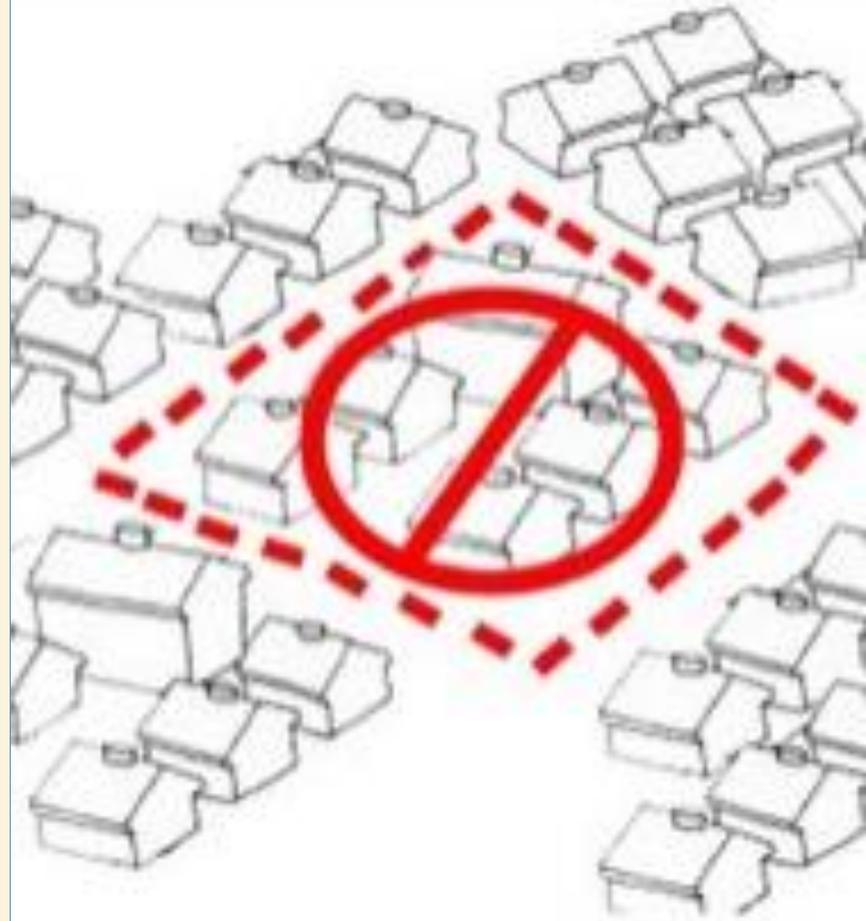
**87% of the Black experience has been under explicit racial oppression.**

**100% of the U.S. Black experience has been in struggle for humanity and equality.**

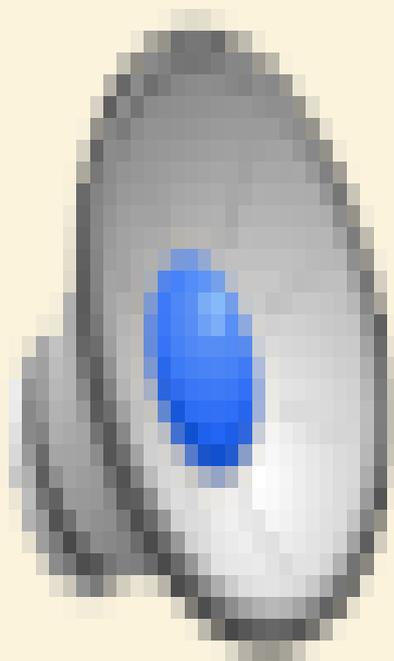
# Redlining: 1934-1968

Redlining is the practice of arbitrarily denying or limiting financial services to specific neighborhoods, generally because its residents are people of color or are poor.

Banks used the concept to deny loans to homeowners and would-be homeowners who lived in these neighborhoods. This in turn resulted in neighborhood economic decline and the withholding of services or their provision at an exceptionally high cost.

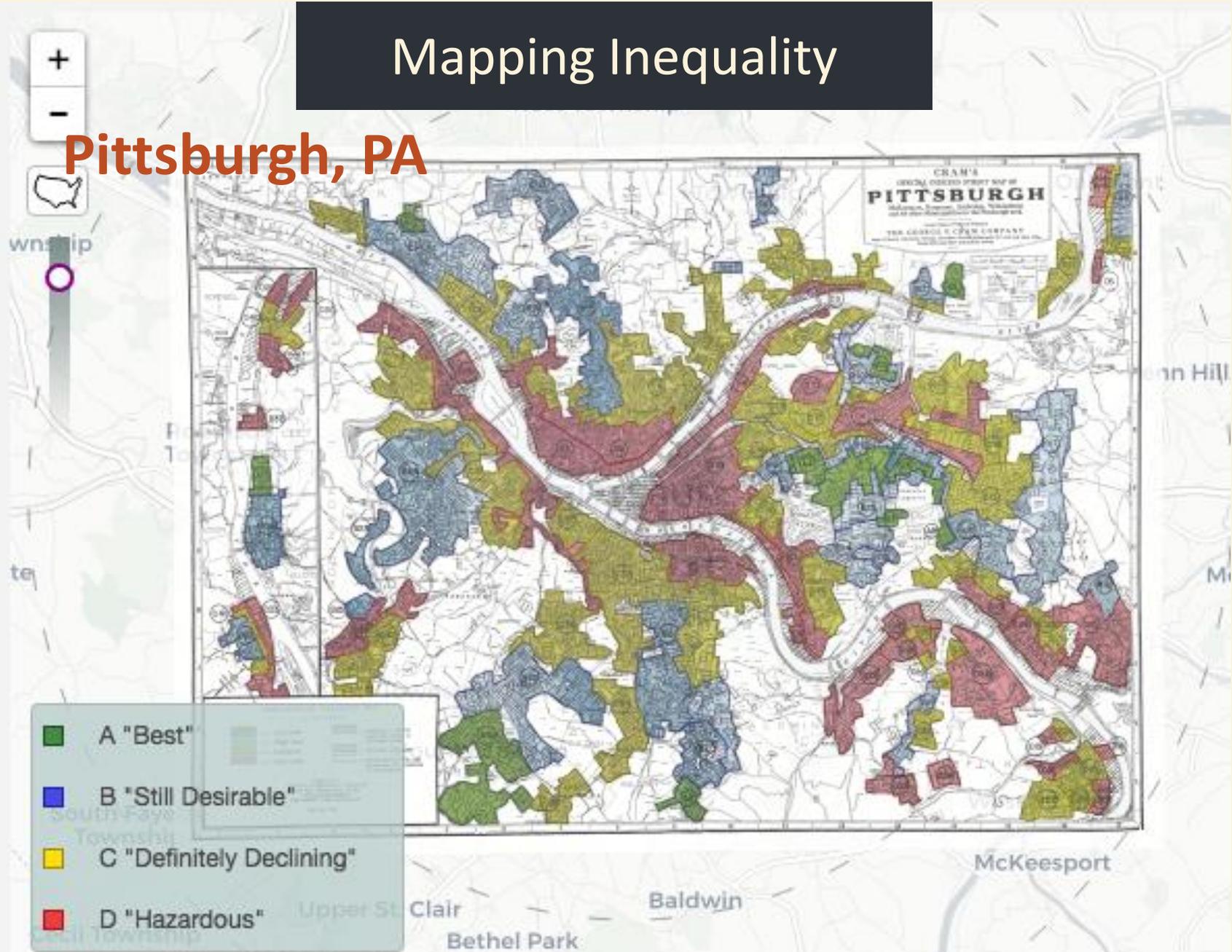


# Race The House We Live In



# Mapping Inequality

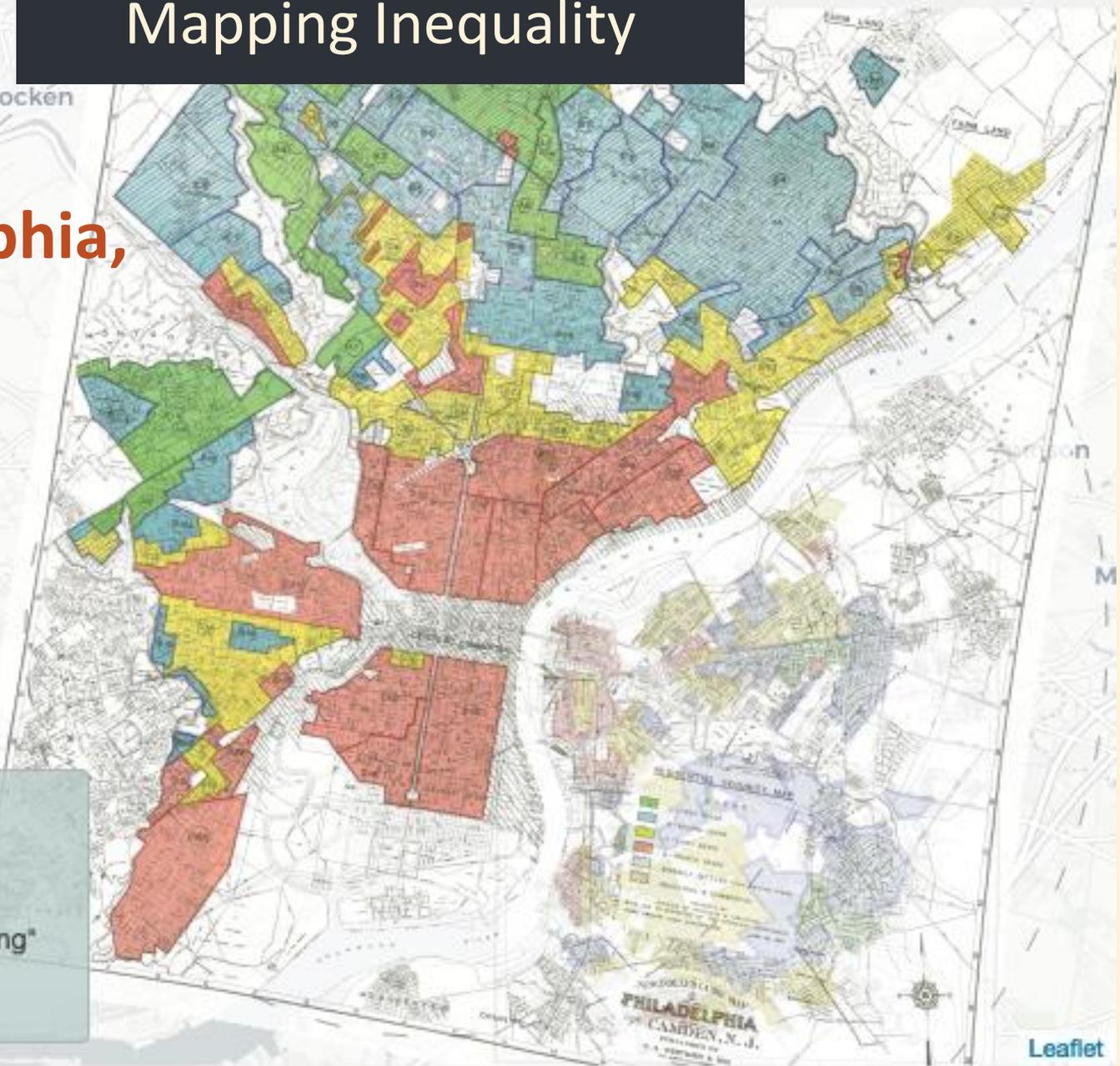
## Pittsburgh, PA



# Mapping Inequality

Philadelphia,  
PA

- A "Best"
- B "Still Desirable"
- C "Definitely Declining"
- D "Hazardous"



# Hospital Closures & Shortage Areas

## Hospitals

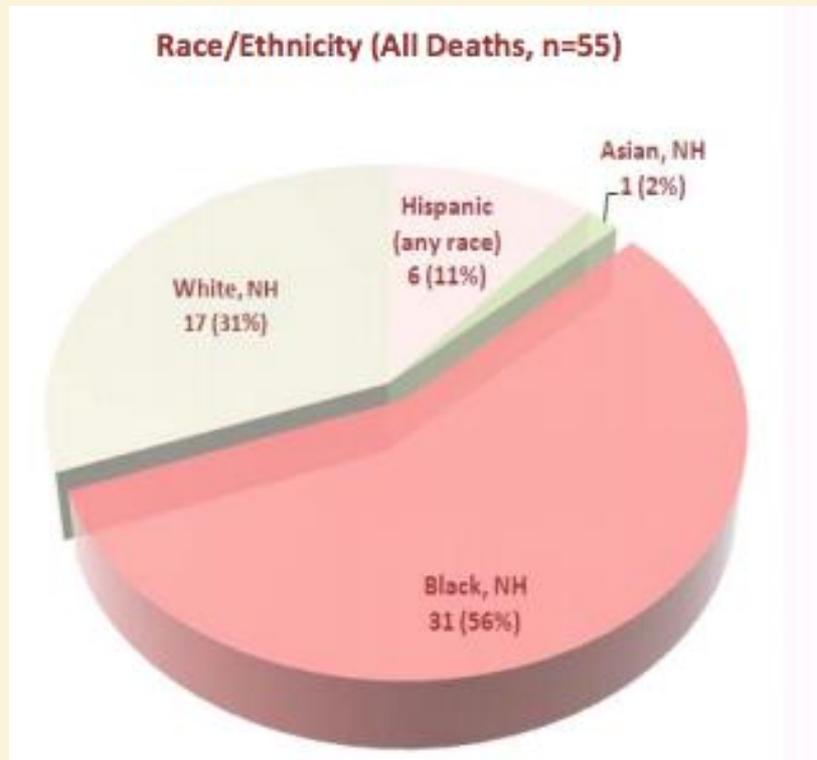
- Mid-Valley Hospital (Peckville)
- Saint Catherine Medical Center Fountain Springs (Ashland)
- Norristown State Hospital and Hamburg Center (mental health facilities)

## Provider Shortage Areas

- 748 Primary Care Provider Shortages
- 653 Dental Health Provider Shortages
- 140 Mental Health Provider Shortages

# Philadelphia Maternal Mortality

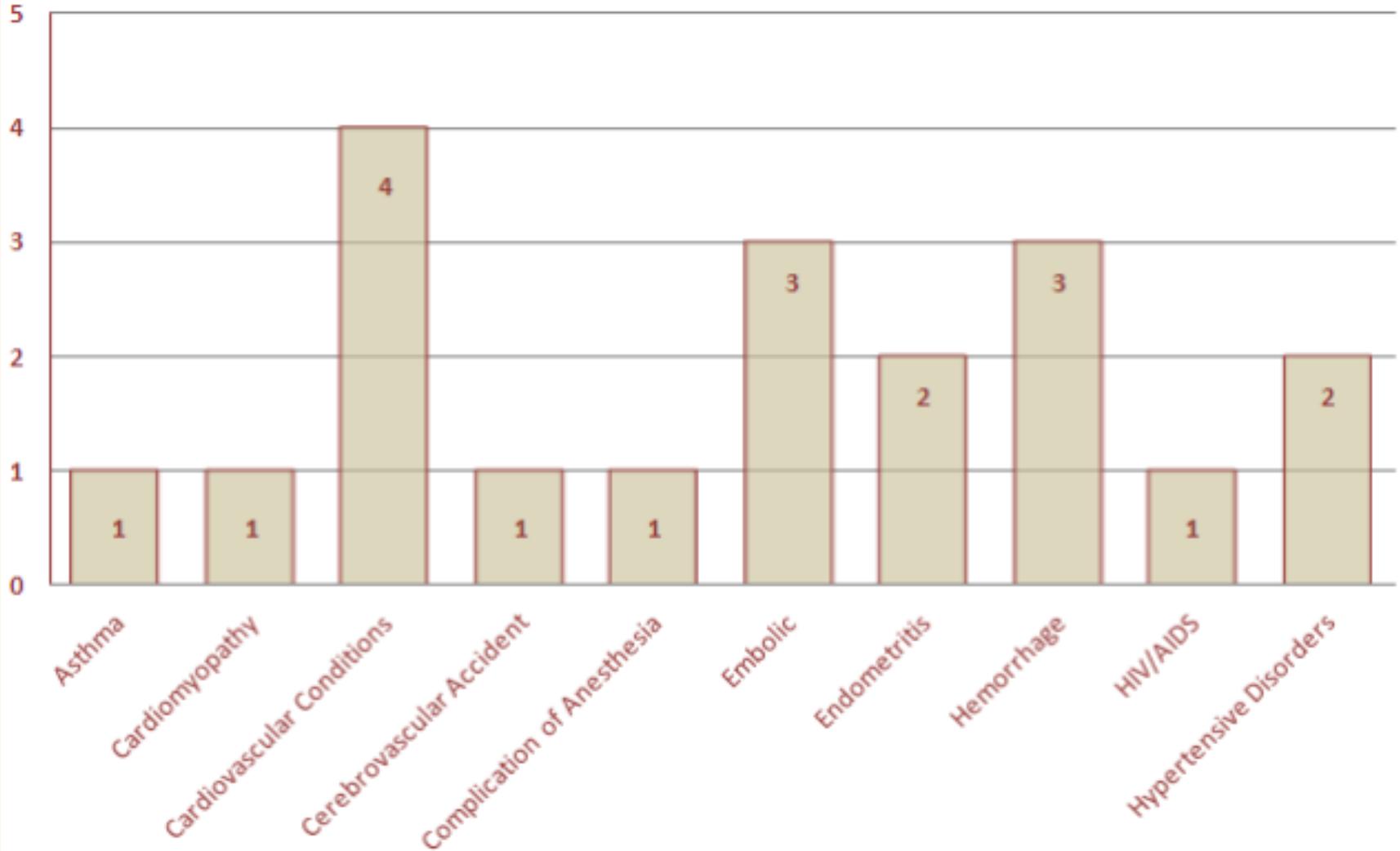
- State MMRC established 2018
- Recent report from Philadelphia MMR 2010-2012 details...
  - 55 maternal deaths
  - Majority 20-35 yo
  - 31 natural deaths
  - CVD, pulmonary emboli and hemorrhage were prevalent
  - Disproportionately low SES, higher obesity and high risk of HIV



**Pregnancy-related mortality rate of 27.4 per 100,000**

# Philadelphia Maternal Mortality

Causes of Pregnancy-Related Deaths Reviewed (n=19)



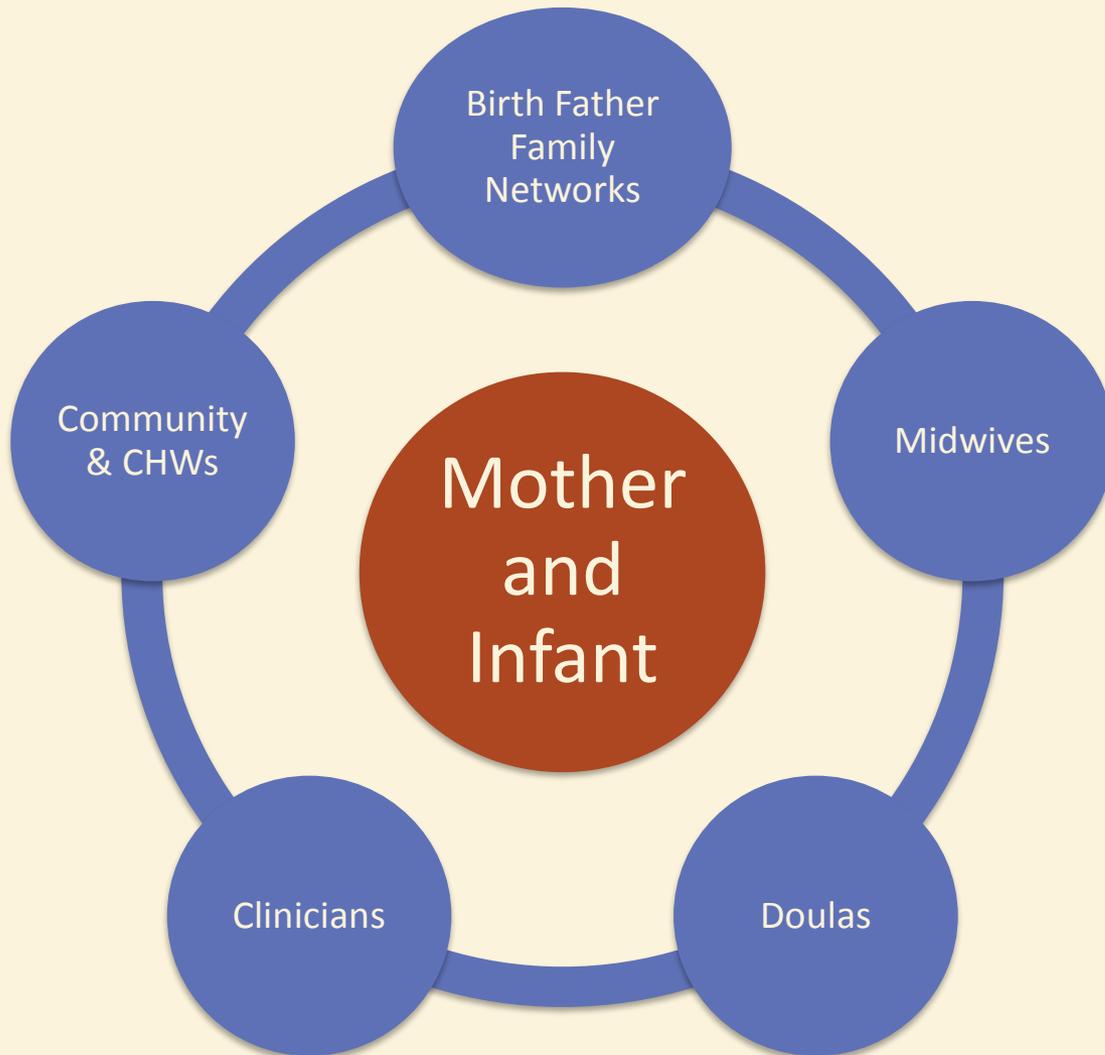


**STRATEGIES FOR SUCCESSFUL CARE**

# Setting the Standard for Holistic Care of and for Black Women



# Maternity Care Team



- Provides holistic care and improved outcome for the mother and her family
- Mitigates negative experiences in the hospital setting
- Health system coordination and building continuum of care
- Overall health cost savings

## Why we need it?

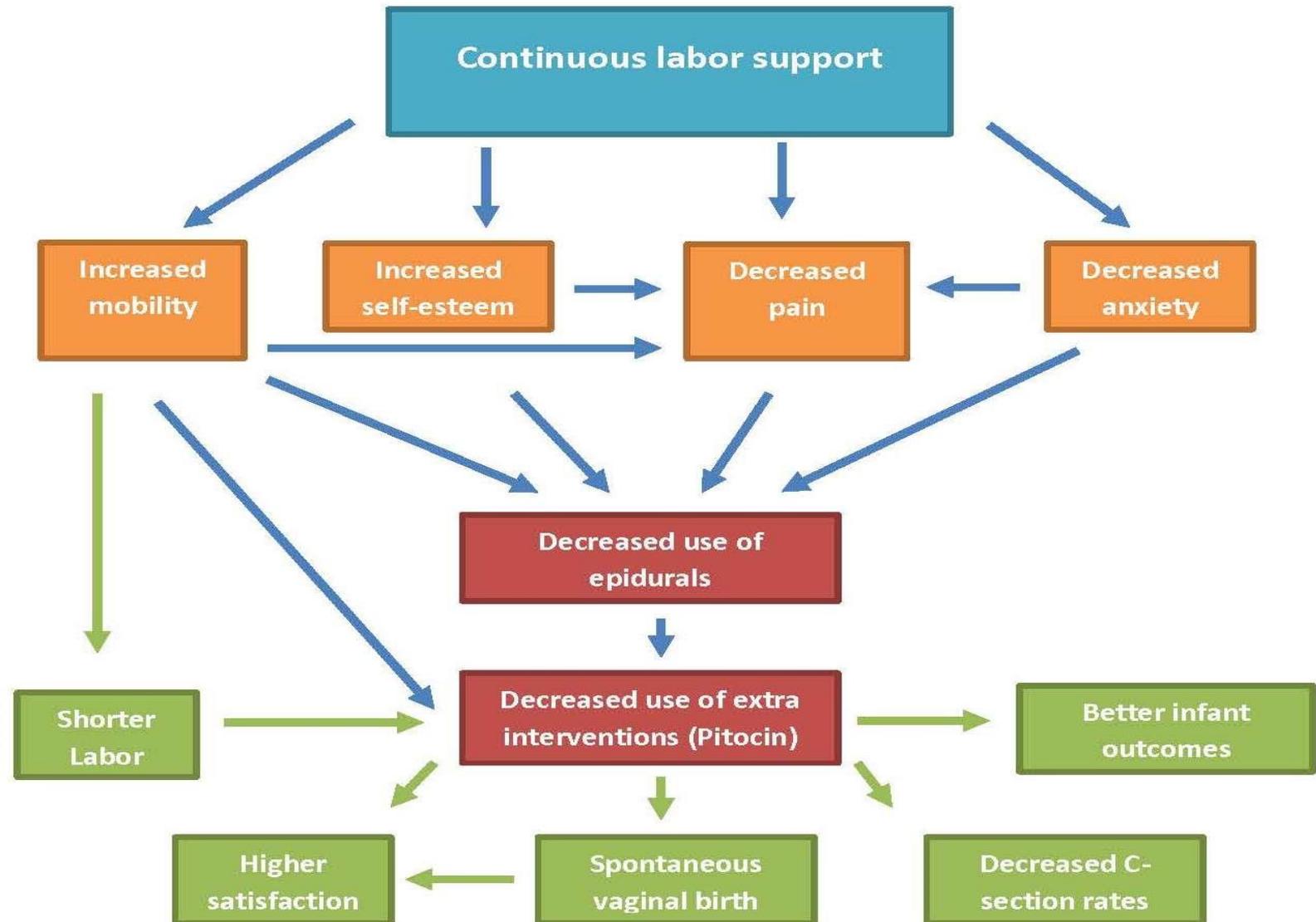
- Socially high-risk prenatal patients become socially high risk postpartum patients.
- High rates of trauma, PTSD, sexual assault, substance abuse, domestic violence, and housing instability.
- Many patients self-report high levels of stress, lack of resources and support.
- Increased risk for mood disorders, low breastfeeding rates, and repeat unplanned pregnancy due to ineffective or no contraceptive use.
- Risks contribute to rising maternal mortality.

## Benefits to Holistic Care

- **Reduces medical complications** that result from non-essential procedures and use of instruments
- **Prevents** chronic conditions and risk of repeat cesareans
- **Improves** maternal satisfaction, positive birth outcomes and breastfeeding
- **Improves** initiation and continuation of breastfeeding

# Conceptual model for continuous labor support

Used with permission from Rebecca L. Dekker, PhD, RN, APRN, [www.evidencebasedbirth.com](http://www.evidencebasedbirth.com)



## Finance Benefits of Holistic Care

- Reduction of spending, **vaginal birth costs half of what a cesarean birth costs** for health insurers
  - >30% decrease in use of Pitocin
  - >30% decrease in risk of C-section
  - 9% decrease in use of pain relief medication
  - 14% decrease in risk of newborns being admitted to special care nursery
- Integrates with **Community Health Worker (CHW)** model
- Long term health **system improvement and transformation**

# Inequities in Medicaid Reimbursement

- The Medicaid participation rate varies by state, and it's largely tied to reimbursement rates.
- There is no continuous data collection on Medicaid participation
- Available data show the participation rate has not been affected under the ACA.

**In 2013, a national survey concluded that...**

**68.9%** of physicians were accepting new Medicaid patients

**84.7%** were accepting new privately insured patients

**83.7%** were accepting new Medicare patients

## Challenges for Providers

- Low reimbursement
- Delayed payment
- Billing requirements
- Location and demographic of patients
- Obligation to take on high clinical burden
- Family medicine, general practitioner salary is less appealing

State	Physicians Accepting Medicaid	Rate compared to Medicare Reimbursement
NJ	38.7%	48%
CA	54.2%	42%
LA	56.8%	68%
MT	90%	100%

# Strategies for Improvement

## State and Public Policies

- Accept ACA expansion and extend maternal care to year 1
- Mandate equitable Medicaid services
- Explore payment reform options for midwives, doulas and traditional birth workers
- Comprehensive data collection, disaggregated by race, geography, SES, etc

## Hospital and Internal

- Include equity and trauma informed care into QI indicators
- Staff-wide training on racial equity, trauma and RJ
- Engage with communities and prioritize community voice in improvement processes
- Prevent duplication of efforts with collective impact

# Redefining and Optimizing Postpartum Care

- Postpartum care should be considered an ongoing process
- Postpartum care plans with transitions to parenthood and well woman care
- Reproductive life plans and intrapartum care
- Expand frequency of contact within the first 12 weeks
- Individualized, woman centered care
- Should fully assess physical, social and psychological wellbeing
- Women should be counseled on gestational and chronic conditions
- Women who have experiences miscarriage, stillbirth or neonatal birth are still postpartum patients



# Ancient Song Doula Services

Brooklyn, New York



**Chanel L. Porchia-Albert**  
**CD, CLC, CHHC**  
Founding Executive Director

“Birthing has always been an integral part of our communities and there have always been those who answered the call when a laboring woman was in need. I am just answering the call to support families to know their Rights, Options and to Advocate for themselves by using traditional methods with a modern twist.”

# Mamatoto Village Doula Services

Washington, D.C.



“We believe that women can be strengthened by other women from their own communities to give rise to a more cohesive and supportive environment for childrearing and family wellness.”



Aza Nedhari, MS-MFT  
**Executive Director**

## Best Practices

- Prioritize community voice and research on stressors
- Include equity and trauma informed care QI indicators into systematic models
- Staff-wide training on racial equity
- Community dialogues on trauma, ACES and health
- Partner and collaborate with non-health sectors
- Engage with local and state collaboratives working on intersecting issues
- Advocate for with comprehensive data, disaggregated by race, geography and SES

Questions?

# Thank you



Joia Crear-Perry, MD

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